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FEC FORM 2 STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

11. SEP 24 AM 11: 31

· · ·									
. (a) Name of Candidate (in full) Gary Peters		-							
(b) Address (number and street) PO Box 226	☐ Check if address changed			2. Candidate's FEC Identification Number S4MI00355					
(c) City, State, and ZIP Code Bloomfield Hills	***	MI	48303		3. Is Thi State	is ment X	New (N)	OR	Amended (A)
. Party Affiliation	5. Office Sought		6	State & Dis	strict of Cand	idate			
DEMOCRATIC PARTY	Senate			МІ	00				
DI	ESIGNATION OF	PRINC	IPAL C	AMPAIG	N COMM	ITTEE			
I hereby designate the following na	amed political committee	e as my Pri	ncipal Car	npaign Com	nmittee for the	2014 (year of		_ election(s).
NOTE: This designation should be	filed with the appropriat	te office list	ted in the i	nstructions.		(year or	election	,	
(a) Name of Committee (in full)								-	
Peters for Michigan									
(b) Address (number and street) PO Box 226						<u></u>			
(c) City, State, and ZIP Code									
					4830	3			
		g Joint Fun	draising R	epresentati	COMMIT		expend	I funds on I	pehalf of my
DE I hereby authorize the following nat candidacy. NOTE: This designation should be (a) Name of Committee (in full)	(Including	g Joint Fun s NOT my (draising R	ORIZED epresentati	COMMIT		expend	i funds on I	behalf of my
DE I hereby authorize the following naticandidacy. NOTE: This designation should be	(Including	g Joint Fun s NOT my (draising R	ORIZED epresentati	COMMIT		expend	I funds on I	pehalf of my
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I hereby authorize the following naticandidacy. NOTE: This designation should be (a) Name of Committee (in full) MVP Fund 2014 (b) Address (number and street)	(Including	g Joint Fun s NOT my (draising R	ORIZED epresentati	COMMIT		expend	I funds on I	pehalf of my
I hereby authorize the following naticandidacy. NOTE: This designation should be (a) Name of Committee (in full) MVP Fund 2014 (b) Address (number and street) PO Box 226	(Including	g Joint Fun s NOT my (draising R	ORIZED epresentati	COMMIT	eceive and	expend	I funds on I	pehalf of my
I hereby authorize the following nat candidacy. NOTE: This designation should be (a) Name of Committee (in full) MVP Fund 2014 (b) Address (number and street) PO Box 226 (c) City, State, and ZIP Code Bloomfield Hills	(Including	g Joint Fun s NOT my (ampaign co	draising R	ORIZED depresentati ampaign co	COMMIT ves) emmittee, to re	eceive and			pehalf of my
I hereby authorize the following nat candidacy. NOTE: This designation should be (a) Name of Committee (in full) MVP Fund 2014 (b) Address (number and street) PO Box 226 (c) City, State, and ZIP Code Bloomfield Hills	(Including	g Joint Fun s NOT my (ampaign co	draising R	ORIZED depresentati ampaign co	COMMIT ves) emmittee, to re	eceive and			pehalf of my
I hereby authorize the following naticandidacy. NOTE: This designation should be (a) Name of Committee (in full) MVP Fund 2014 (b) Address (number and street) PO Box 226 (c) City, State, and ZIP Code Bloomfield Hills	(Including	g Joint Fun s NOT my (ampaign co	draising R	ORIZED depresentati ampaign co	committee) to respect to the second s	s true, corr			pehalf of my
I hereby authorize the following naticandidacy. NOTE: This designation should be (a) Name of Committee (in full) MVP Fund 2014 (b) Address (number and street) PO Box 226 (c) City, State, and ZIP Code Bloomfield Hills I certify that I have exignature of Candidate Gary Peter.	(Including med committee, which is filed with the principal commined this Statement a	g Joint Fun s NOT my p ampaign co	principal committee.	ORIZED depresentati ampaign co	48303 and belief it is Date 09/23/20	s true, corr	ect and	complete.	
I hereby authorize the following naticandidacy. NOTE: This designation should be (a) Name of Committee (in full) MVP Fund 2014 (b) Address (number and street) PO Box 226 (c) City, State, and ZIP Code Bloomfield Hills I certify that I have exignature of Candidate Gary Peter.	(Including med committee, which is filed with the principal commined this Statement a	g Joint Fun s NOT my p ampaign co	principal committee.	ORIZED depresentati ampaign co	48303 and belief it is Date 09/23/20	s true, corr	ect and	complete.	
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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)			Page 2 / 3
DESIG	NATION OF OTHER AUTHORIZED C (Including Joint Fundraising Representa		[ADDITIONAL]
I hereby authorize the following named committee	ee, which is NOT my principal campaign committee, to	r and expend fund	ds on behalf of my
NOTE:This designation should be filed	with the principal campaign committee.		
(a) Name of Committee (in full)			
Peters Senate Victory			
(b) Address (number and street) 120 Maryland Ave NE	1	**************************************	,
(c) City, State and ZIP Code	,		
Washington	DC	20002	
DESIG	NATION OF OTHER AUTHORIZED C		[ADDITIONAL]
I hereby authorize the following named committee randidacy.	ee, which is NOT my principal campaign committee, to :	receive and expend fund	ds on behalf of my
NOTE: This designation should be filed	with the principal campaign committee.		
(a) Name of Committee (in full)	:		
Searchlight Lake Tahoe	e Victory Fund		
(b) Address (number and street)			
700 13th St NW Suite 600			
(c) City, State and ZIP Code	·		<u> </u>
Washington	DC	20005	
DESIG	NATION OF OTHER AUTHORIZED C (Including Joint Fundraising Represental		[ADDITIONAL]
I hereby authorize the following named committe candidacy.	ee, which is NOT my principal campaign committee, to	receive and expend fund	ds on behalf of my
NOTE:This designation should be filed	with the principal campaign committee.		2).
(a) Name of Committee (in full)			
Hawaii Michigan Victory	y Fund		
(b) Address (number and street) 600 Pennsylvania Ave SE			
Ste 210			
(c) City, State and ZIP Code	200	20002	
Washington	DC	20003	

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FEC Form 2 (Rev. 02/2003)		Page 3 /
DESIG	NATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee andidacy.	e, which is NOT my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE:This designation should be filed	with the principal campaign committee.	
(a) Name of Committee (in full)		
Justice 2014		
(b) Address (number and street) 600 Pennsylvania Ave SE Ste 210	-	
(c) City, State and ZIP Code Washington	DC 20003	
wasnington	DC 20003	
DESIG	NATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee candidacy.	ee, which is NOT my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE: This designation should be filed	with the principal campaign committee.	
(a) Name of Committee (in full)		,,, <u>,</u>
Grassroots Victory Proje	ect 2014	
(b) Address (number and street) 120 Maryland Ave NE		
(c) City, State and ZIP Code		
Washington	DC 20002	
DESIGN	NATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee	e, which is NOT my principal campaign committee, to receivε and expend funds o	n behalf of my
NOTE:This designation should be filed to	with the principal campaign committee.	
(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		

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DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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PREPARER DH

DATE PREPARED 9-24-14



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